

Retirement Application

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits for members with effective membership dates before April 2, 2012

- 1) **REVIEW and COMPLETE** this entire **TWO-PART** application.
Note that **YOU** have to complete Part 1 as well as Part 2, Section 1, and **YOUR PAYROLL OFFICER** has to complete Part 2, Sections 2 through 7.
- 2) **INVEST** some time in understanding your retirement benefit options, as described in the information and worksheet included on pages iii and iv, as well as reviewing the information you provide in your application for accuracy and completeness.
This is your application for retirement; it is a very important document.
- 3) **SIGN** your application as required. Not signing in **ALL** places is a common error and causes delays—please check your application carefully!
Remember to **sign** your application in **FIVE** places—on pages 3, 6, 7, 8 and 9.
If applicable, your spouse and a witness must also sign page 9, **AFTER** you have signed page 8.
- 4) **ATTACH** all of your required documents.
Use the checkboxes in the left margins to mark your required documents and remind yourself to attach them. For your convenience, a timeline and document checklist is provided on the next page; use it to avoid delays in processing your application.
! IMPORTANT: Make a photocopy of all pages and attachments for your records.
- 5) **FILE** your application in a timely manner: three to four months before your date of retirement, and **no earlier** than four months in advance.

! If the MTRS receives your application more than 60 days after your date of separation from service, your retirement date—and your benefits—will NOT be retroactive to your resignation date. In this case, the earliest effective date of retirement you may use will be 15 days *after* the date we receive your signed application. For example, if you decide during summer vacation that you want to retire instead of returning to the classroom in the fall, the MTRS must **receive** your completed application on or before **August 29** to use June 30 as your retirement date and have your benefits be retroactive to June 30. If the MTRS receives your application on August 30, your earliest retirement date would be September 14, and you would lose two and a half months' worth of retirement benefits (from July 1 through September 14).

! If you are retiring on your birthday, use that exact day as your date of retirement, **not the day after.**

! Remember, all service purchases must be paid for **BEFORE your date of retirement. Late payments will **DELAY** your date of retirement—and because retirement benefits are retroactive only to your date of retirement, **late payments will cause you to lose money!****

- 6) **SEND** the **ORIGINAL** pages of both Parts 1 and 2, along with all of your required documents, in the same envelope, to the attention of our Retirement Application Processing Unit.

If your school district is in...	Send to our...
Middlesex, Essex, Norfolk, Bristol, Plymouth, Barnstable, Dukes, Nantucket or Suffolk (charter schools only) county	Main Office Cambridge
Berkshire, Franklin, Hampshire, Hampden or Worcester county	Western Regional Office Springfield

We will not begin processing your benefit calculation until we receive your signed and complete retirement application. If your application is incomplete, we will contact you and this may delay processing. If you have any questions about the retirement process or any of this material, please don't hesitate to contact us. We look forward to serving you in your retirement!

MAIN OFFICE

One Charles Park
Cambridge, MA 02142-1206
Phone 617-679-MTRS (6877)
Fax 617-679-1661

WESTERN REGIONAL OFFICE

One Monarch Place, Suite 510
Springfield, MA 01144-4028

Phone 413-784-1711
Fax 413-784-1707

ONLINE

mass.gov/mtrs

MTRS
MASSACHUSETTS TEACHERS'
RETIREMENT SYSTEM

Your retirement process timeline and checklist

To fill in the dates, start with “Your date of retirement” and work backward

⚠ IMPORTANT REMINDERS REGARDING CREDITABLE SERVICE

ALL service purchases must be applied for while you are a member in service, and paid for in full BEFORE your effective date of retirement.

LATE PAYMENTS WILL DELAY YOUR DATE OF RETIREMENT—and because retirement benefits are retroactive only to your date of retirement, **late payments will cause you to lose money!**

As you will see on the application, you are asked to list all of your creditable service and provide your “best estimate” of your total number of years. However, it is NOT necessary for you to request a “creditable service estimate” from the MTRS in order to complete your application. When we process your application, we will determine your exact amount of creditable service and notify you of the total before your benefit is finalized.

If you have any questions about purchasing service, please contact our office.

When (in relation to your date of retirement)	Action	Your dates
One year before	<input type="checkbox"/> CONTACT your local health insurance coordinator to confirm the health insurance coverage for which you will qualify as a retiree. If you cover a spouse or other dependent, be sure to ask about dependent coverage while you are retired <i>and</i> in the event of your death.	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
7–8 months before	<input type="checkbox"/> GO to our website at mass.gov/mtrs , and select Active and inactive members > Creditable service. Review all of the types of service listed and apply to purchase any that apply to you and for which you have not yet established credit.	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
6 months before	<input type="checkbox"/> GO to our website at mass.gov/mtrs , and, in the “Quick links to popular pages” menu, select “Apply for retirement.” Follow the steps to estimate your benefits, review FAQ and download and print your retirement application. <input type="checkbox"/> If you have any pending creditable service purchases, request invoices from us and be sure to tell us that you are retiring.	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
5 months before	<input type="checkbox"/> Complete Part 1 of the application and forward Part 2 to your payroll officer for completion. <input type="checkbox"/> Gather your required documents. ⚠ NOTE: If you do not submit the required documents with your application, your application will not be processed.	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
	<input type="checkbox"/> Photocopy of your marriage certificate (<i>if you no longer use your former or maiden name or if you are selecting Option C and naming your spouse as beneficiary</i>) <input type="checkbox"/> Your certified birth record* (<i>photocopy not accepted</i>) <input type="checkbox"/> Photocopy of your military discharge form DD214 (<i>if you are a veteran</i>) <input type="checkbox"/> Photocopy of your notice of resignation (<i>if you are filing for an involuntary termination retirement allowance OR are retiring on a day other than the last day in your contract year</i>) <input type="checkbox"/> Photocopies of your contracts/salary schedules for your 3-year salary average period, including any pages referencing contractual language to substantiate any earnings in excess of your regular contract rates <input type="checkbox"/> A VOIDed check (<i>if your designated account for direct deposit is a checking account</i>) <input type="checkbox"/> Photocopy of your qualified Domestic Relations Order (<i>if you are divorced and have such an order in effect; please include your ex-spouse's current address</i>) <input type="checkbox"/> Your beneficiary's certified birth record* (<i>if you are selecting Option C; photocopy not accepted</i>) <i>* Your original documents will be returned to you.</i>	
4 months before	<input type="checkbox"/> Receive signed Part 2 from your payroll officer. <input type="checkbox"/> Make a copy of Part 1, Part 2 and ALL attachments. <input type="checkbox"/> Submit your application and ALL attachments to MTRS. <i>We will acknowledge receipt of your application in writing.</i> <input type="checkbox"/> Make payment for any pending creditable service purchases. <input type="checkbox"/> Remind your local health insurance coordinator that you are retiring, and complete any necessary insurance paperwork.	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/> <input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
Your date of retirement		<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
3–4 months after you file your complete retirement application	<input type="checkbox"/> Receive your <i>Notice of Estimated Retirement Benefit</i> (NERB), which will show your estimated retirement benefit.	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>
EITHER first full month <i>after you receive your NERB</i> OR first full month <i>after your date of retirement, whichever is later</i>	<input type="checkbox"/> Receive your first retirement benefit payment.	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text" value=""/>

For members with effective membership dates before April 2, 2012

OVERVIEW OF OPTIONS A, B AND C

The Massachusetts Retirement Law (M.G.L. c. 32) regulates your retirement allowance and allows you to choose one of three benefit options. These options differ with regard to the amount paid and whether any benefits will be paid to someone else after your death. In brief:

Option	Monthly benefit amount	Survivor benefit
A	Maximum allowance	None; all allowance payments cease upon your death and no benefits will be provided for any survivors
B	Approximately 1% less than Option A amount	One-time, lump-sum payment of balance, if any, remaining in member's annuity savings account. <i>[Note: There are no restrictions on who or how many individuals or entities may be named as beneficiary. In most cases, the member's annuity account will be depleted 9 to 11 years after his or her retirement date.]</i>
C	Approximately 9–11% less than Option A amount	A monthly survivor benefit, equal to 2/3 of the retiree's monthly benefit at the time of death, paid to one beneficiary. <i>[Note: Beneficiary must be the member's parent, child, sibling, spouse or former spouse who has not remarried.]</i>

THE TABLES

For use with the retirement benefit estimate worksheet on page iv

NOTE: The information on pages iii and iv is provided for your reference only. If you have already estimated your potential retirement benefits under Options A, B and C using our online estimator, it is not necessary that you complete this worksheet.

Option A age factor table Use your age on your retirement date

Age	Factor	Age	Factor	Age	Factor	Age	Factor
41	.....001	47	.....007	53	.....013	59	.....019
42	.....002	48	.....008	54	.....014	60	.....020
43	.....003	49	.....009	55	.....015	61	.....021
44	.....004	50	.....010	56	.....016	62	.....022
45	.....005	51	.....011	57	.....017	63	.....023
46	.....006	52	.....012	58	.....018	64	.....024
						65+	.....025

RetirementPlus percentage table Service is in FULL years

Service	R+ %	Service	R+ %	Service	R+ %
30	.....12%	34	.....20%	38	.....28%
31	.....14%	35	.....22%	39	.....30%
32	.....16%	36	.....24%	40	.....32%
33	.....18%	37	.....26%		

Option C factor table

To obtain your Option C factor, determine what your age will be on your birthday closest to your retirement date; then determine what your beneficiary's age will be on his or her birthday that is closest to your retirement date.

Your Option C factor is the number where the row and column for your ages intersect. If the combination of your ages is not listed here, please visit our website at mass.gov/mtrs or contact us for the appropriate factor.

Beneficiary's closest age

	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
Member's closest age																			
50	.9509	.9528	.9546	.9565	.9583	.9601	.9618	.9635	.9652	.9669	.9685	.9700	.9715	.9730	.9744	.9758	.9771	.9783	.9796
51	.9460	.9480	.9500	.9520	.9539	.9558	.9577	.9596	.9614	.9632	.9650	.9667	.9683	.9699	.9715	.9730	.9744	.9758	.9772
52	.9408	.9429	.9450	.9471	.9492	.9512	.9533	.9553	.9573	.9592	.9611	.9630	.9648	.9665	.9683	.9699	.9715	.9730	.9745
53	.9350	.9372	.9395	.9417	.9440	.9462	.9484	.9506	.9527	.9548	.9569	.9589	.9609	.9628	.9646	.9665	.9682	.9699	.9716
54	.9287	.9311	.9335	.9359	.9383	.9406	.9430	.9453	.9477	.9499	.9522	.9544	.9565	.9586	.9606	.9626	.9645	.9664	.9682
55	.9219	.9244	.9270	.9295	.9320	.9346	.9371	.9396	.9421	.9445	.9470	.9493	.9517	.9539	.9562	.9583	.9604	.9625	.9644
56	.9146	.9173	.9199	.9226	.9253	.9280	.9307	.9334	.9360	.9387	.9413	.9438	.9463	.9488	.9512	.9536	.9559	.9581	.9603
57	.9068	.9096	.9124	.9152	.9181	.9209	.9238	.9267	.9295	.9323	.9351	.9379	.9406	.9433	.9459	.9484	.9509	.9534	.9558
58	.8984	.9013	.9043	.9073	.9103	.9133	.9163	.9194	.9224	.9254	.9284	.9314	.9343	.9372	.9400	.9428	.9455	.9482	.9507
59	.8895	.8925	.8956	.8987	.9019	.9051	.9083	.9115	.9147	.9179	.9211	.9243	.9274	.9305	.9336	.9366	.9395	.9424	.9452
60	.8800	.8831	.8863	.8896	.8929	.8963	.8997	.9031	.9065	.9099	.9133	.9167	.9200	.9233	.9266	.9299	.9330	.9361	.9392
61	.8699	.8732	.8765	.8799	.8834	.8869	.8904	.8940	.8976	.9012	.9048	.9084	.9120	.9156	.9191	.9225	.9260	.9293	.9326
62	.8592	.8626	.8661	.8696	.8732	.8769	.8806	.8844	.8882	.8920	.8958	.8996	.9034	.9072	.9110	.9147	.9184	.9220	.9256
63	.8481	.8516	.8551	.8588	.8626	.8664	.8703	.8742	.8782	.8822	.8862	.8902	.8943	.8983	.9023	.9063	.9102	.9141	.9179
64	.8364	.8400	.8437	.8475	.8513	.8553	.8594	.8635	.8676	.8718	.8760	.8803	.8846	.8888	.8931	.8973	.9015	.9057	.9098
65	.8241	.8278	.8316	.8355	.8395	.8436	.8478	.8521	.8564	.8608	.8653	.8697	.8742	.8787	.8832	.8877	.8922	.8967	.9011
66	.8113	.8151	.8190	.8230	.8271	.8314	.8357	.8401	.8446	.8492	.8539	.8585	.8633	.8680	.8728	.8775	.8823	.8870	.8917
67	.7980	.8018	.8058	.8099	.8142	.8186	.8230	.8276	.8323	.8370	.8419	.8468	.8517	.8567	.8617	.8667	.8717	.8768	.8817
68	.7840	.7879	.7920	.7962	.8006	.8051	.8097	.8144	.8192	.8242	.8292	.8343	.8394	.8446	.8499	.8552	.8605	.8658	.8711
69	.7694	.7734	.7776	.7819	.7863	.7909	.7956	.8005	.8055	.8105	.8157	.8210	.8264	.8318	.8373	.8428	.8484	.8540	.8596
70	.7542	.7582	.7624	.7668	.7713	.7760	.7808	.7858	.7909	.7962	.8015	.8070	.8125	.8182	.8239	.8297	.8355	.8414	.8473

RETIREMENT BENEFIT ESTIMATE WORKSHEET

Use this worksheet to compare your benefits under Options A, B and C.

The example illustrates the calculations for a member with an effective membership date before April 2, 2012, who is a veteran, and who retires on June 30, 2016 under RetirementPlus at age 58 with 35 years of creditable service, an average salary of \$65,000 for his or her highest three consecutive years or last three years, whichever is greater, and a beneficiary who is age 57.

Also shown here is the member-survivor benefit payable only under Option C. This benefit is payable on a monthly basis to your beneficiary for the rest of his or her life. The monthly amount is 1/12 of the annual amount.

As a reminder, you are eligible to retire when you: have 20 years of creditable service (at any age); or, at age 55 if you have 10 years of creditable service. If you do not meet either of these requirements and you were a member of the MTRS prior to January 1, 1978, different eligibility requirements may apply to you. Please contact us for additional information.

		You as of		You as of	
		____/____/____		____/____/____	
Option A	Option A Age Factor (see table) .018				
x	Years of creditable service x 35	x		x	
	Base % of salary average 63%				
+	RetirementPlus %, if applicable*+ 22%				
	Allowable % of salary average** 80%				
x	3-year salary average x\$65,000	x	\$	x	\$
	Option A annual allowance \$52,000		\$		\$
+	Veteran's benefit*** + \$300	+	\$	+	\$
	Final Opt. A annual allowance \$52,300		\$		\$
Option B	Option A annual allowance \$52,000		\$		\$
x	99% (1% less than Option A)**** x 99%	x	99%	x	99%
	Opt. B annual allowance \$51,480		\$		\$
+	Veteran's benefit*** + \$300	+	\$	+	\$
	Final Opt. B annual allowance \$51,780		\$		\$
Option C	Option A annual allowance \$52,000		\$		\$
x	Option C Factor (see table) x 0.9194	x		x	
	Option C annual allowance \$47,808		\$		\$
+	Veteran's benefit + \$300	+	\$	+	\$
	Final Opt. C allowance \$48,108		\$		\$
x	2/3 (annual survivor portion) x 2/3	x	2/3	x	2/3
	Member-survivor benefit \$32,072		\$		\$

NOTES

* If you are participating in RetirementPlus, and you have 30 or more years of creditable service—at least 20 of which are membership service with the MTRS or the Boston Retirement System as a teacher—add 2% for each full year of creditable service over 24 years (see RetirementPlus Percentage table, page iii).

** Your "Allowable % of salary average" may not exceed 80 percent.

*** If you are a wartime veteran, \$15 for each year of teaching service (up to a maximum of \$300) is added to the Option A annual allowance.

**** As noted on page iii, the Option B allowance is approximately 1% less than the Option A amount. For purposes of illustration only, we have estimated the Option B amount at 1% less than the Option A amount.

Retirement Application, Part 1

*For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits
for members with effective membership dates before April 2, 2012*

PART 1, SECTION 1

RETIREMENT DATA

Please do NOT delete any
pages, and, if you complete
your form by hand, please
print your responses legibly,
in INK.

a) Type of retirement (check one)

☐ Superannuation/Regular

☐ Superannuation/RetirementPlus

Reminder: In order to qualify for the RetirementPlus enhanced benefit: you must have at least 30 years of creditable service, at least 20 of which are membership service with the MTRS or the Boston Retirement System as a teacher; **and**, you must have contributed at the RetirementPlus rate of 11% for at least five years, or have made accelerated payments to meet this contribution requirement.

☐ Involuntary termination

Reminder: If you are applying for a termination retirement, please remember to complete and submit a Termination Retirement Statement and Release along with your completed application. This separate, one-page form is available on our Downloadable forms page on our website.

b) Your intended date of retirement . . mm/dd/yyyy

Reminder: If you are retiring at the end of the school year in June, by law, you **must** use June 30 as your retirement date, even if your last day of actual in-school service is earlier in the month.

c) Your last date of employment. . . mm/dd/yyyy

Note: If you are retiring at the end of the school year in June, your last date of employment is June 30, even if your last day of actual in-school service is earlier in the month. If your last date of employment is **not** June 30, please enter the last date that you were, or will be, on the payroll of your current or last school district, **and** attach a photocopy of the letter verifying the school district's acceptance of your resignation and your resignation date.

d) Have you also applied for a disability retirement?

☐ Yes

☐ No

PART 1, SECTION 2

APPLICANT DATA

a) Social Security number. XXX-XX-XXXX

b) MTRS member number, if known.

☐ Not known

c) Name Last

First

MI

d) Former/maiden name(s), if applicable

☐ Not applicable

e) Date of birth mm/dd/yyyy

f) Military veteran status (pursuant to M.G.L. c. 32) .

☐ Nonveteran

☐ Veteran

g) Mailing address Number and street

City

State

ZIP

h) Home phone number.

i) Alternate phone number, if any

☐ Cell

☐ Work

j) E-mail, if any.

☐ All marriage certificate(s)
and/or proof of name
change(s) since birth record
(photocopy OK)

☐ Birth certificate (must be
certified; photocopy not
accepted)

☐ Military discharge
form DD214

PART 1, SECTION 2**APPLICANT DATA**

Continued

NOTE: If you are currently employed by more than one school district on your date of retirement, please be sure to provide a copy of Part 2 to a payroll administrator in each district for completion.

k) By how many school districts are you currently employed?

☐ None (inactive) ☐ 1 ☐ 2

Name of current school district(s)

Position title(s)

l) Are you now—or were you at any time on or after January 1, 2010—concurrently employed by more than one Massachusetts town, city, county, state or regional authority?

☐ No ☐ Yes (provide details, below)

Name of other MA public employer(s)

Position title(s)

Full-time OR % of full-time

☐
 %

☐
 %

m) If, on your date of retirement, you will be under age 55 and married to a retiree of a Massachusetts contributory retirement system, AND, on November 1, 2003, both you and your current spouse were members of a Massachusetts contributory retirement system, THEN you will be eligible to retire under a superannuation retirement allowance using the age factor for age 55.

Accordingly, on November 1, 2003, were you and your current spouse

both members of a Massachusetts contributory retirement system?

☐ No

☐ Yes

If yes, on your intended date of retirement, will your spouse be

retired from a Massachusetts contributory retirement system?

☐ No

☐ Yes

If yes, name of spouse's retirement system . .

☐ Marriage certificate(s)
(photocopy OK)

n) What is your expected marital status on your intended date of retirement?

☐ Single ☐ Single/divorced (see DRO, below)

NOTE: Regardless of your expected marital status on your intended date of retirement, you **MUST** complete Section 8, *Spousal acknowledgment*.

☐ Single/widowed ☐ Married (provide details, below)

☐ Married/formerly divorced
(see DRO, below, and provide spouse details, below)

o) Spouse's name, if applicable . . . First M. Last

p) Spouse's address, if different Number and street

City

State

ZIP

☐ Qualified Domestic Relations Order
(photocopy OK; please include your ex-spouse's current address)

q) DRO: If you have ever been divorced, do you have a qualified Domestic Relations Order (DRO) in effect?

☐ No ☐ Yes

If yes, and if it requires you to select a specific retirement option in accordance with the DRO, please be sure to follow the terms of the DRO in selecting your retirement option.

r) **Alternate address:** If you will be residing at an address other than the one listed at line g (for example, a summer or retirement address) during the next several months, please list it below.

Mailing address Number and street

City

State

ZIP

Phone number

Dates at this address mm/dd/yyyy

From

To

☐ Additional sheet(s) describing offense

s) Have you ever been convicted of a criminal offense involving your Massachusetts public employment?

☐ No

☐ Yes

Please attach additional sheet(s) to describe the offense.

PART 1, SECTION 3**FINAL AVERAGE
SALARY PERIOD**

- a) Your retirement benefit is calculated according to a set formula that is comprised of three factors: your age, your years of creditable service, and the average of your highest consecutive three years' salaries, **OR your last three years' salaries, whichever is greater.** In the table below, please list the **contract year** and **contract type** for each of the following four years:

■ **Lines i, ii and iii:** EITHER the three consecutive years during which you earned your highest salaries **OR** your last three years, **whichever period during which your total earnings were greater;** and,

■ **Line iv:** the year right before that three-year period.

Additionally, **you must submit copies of your salary schedules from your collective bargaining agreement(s) for these four years.** Be sure to include any pages referencing contractual language to substantiate any earnings in addition to your regular contract rates. If you were covered by an individual contract during any of these four years, you must submit complete copies of those contracts.

Your final retirement benefit will be based on the salary figures provided by your employer in Part 2, subject to our review and verification.

	Contract year		Contract type <small>Check one for each year</small>	
	From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Individual contract (superintendents, principals, others)
<input type="checkbox"/> Salary schedule or individual contract	i) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
<input type="checkbox"/> Salary schedule or individual contract	ii) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
<input type="checkbox"/> Salary schedule or individual contract	iii) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
<input type="checkbox"/> Salary schedule or individual contract	iv) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*

*** If you were covered by an individual contract...**

■ What was the earliest date that your employer had knowledge—formally or informally—of your intent to resign and/or retire? . . . mm/yyyy

■ Were any of the individual contracts covering your employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)? ☐ Yes ☐ No

NOTE: If you were employed under an individual contract at any time during the five years prior to your intended date of retirement, the MTRS will request that your employer provide complete copies of all internal documents (formal and informal), including any minutes of School Committee meetings (open and executive session), pertaining to your contracts, salaries and intent to resign and/or retire.

- b) Has your school district settled its contract for the current year? ☐ Yes ☐ No

If no, please: **be advised** that changes to the current contract rate will impact your retirement allowance; **send** us a copy of the new contract as soon as it is settled, and be sure to include your name and Social Security number with the contract; and, **ask** your payroll officer to send us verification of your new contract rate.

- c) **APPLICANT'S STATEMENT:** I understand that, in the calculation of my final salary average for the purposes of determining my retirement benefit, certain payments are not considered "regular compensation," and, therefore, cannot—and will not—be included. (Examples of payments that are not considered "regular compensation" include any monies received on account of your employer having knowledge of your retirement, or received in lieu of sick leave or unused vacation.)

Applicant's signature



Date

PART 1, SECTION 4

CREDITABLE
SERVICE HISTORY

Your retirement benefit is based in part on the number of years of creditable service you have, so it is **REQUIRED** that you complete this section **accurately and in full to the best of your ability**. If you have any questions, please refer to our website or call one of our offices.

a) Which of the following **types** of creditable service have you rendered?

- Regular Massachusetts public teaching service ☐ No ☐ Yes
- Out-of-state public school teaching service ☐ No ☐ Yes
- Overseas dependent school teaching service (in a school under the supervision of the United States Department of Defense) ☐ No ☐ Yes
- Nonpublic school teaching service (out-of-state or in Massachusetts) ☐ No ☐ Yes
- Massachusetts public school substitute, temporary or part-time teaching or tutoring service ☐ No ☐ Yes
- Other Massachusetts public service (with a Massachusetts town, city, county, state or regional authority) ☐ No ☐ Yes
- Vocational work experience for licensure/approval in a Massachusetts Ch. 74 vocational program ☐ No ☐ Yes
- Pre-1975 maternity leave credit ☐ No ☐ Yes
- Peace Corps service ☐ No ☐ Yes
- Authorized leave of absence or a sabbatical from a Massachusetts public school [see page 5] ☐ No ☐ Yes
- Active military service in the armed forces of the United States, Massachusetts National Guard or active reserves [see page 5] ☐ No ☐ Yes

 **ALL APPLICANTS
MUST
complete
Sections a, b
and c
IN FULL!**

b) Please list **ALL** of your creditable service in **chronological order by employer** (from earliest to most recent).

To ensure that we have a **complete** picture of your service history—and that you receive the maximum credit to which you are entitled for your eligible service—please include **ALL** of the types and periods of creditable service that you have rendered during your career, including your current employment, and, if any, service which you may have purchased (or be in the process of purchasing) with the MTRS. Please note that you cannot purchase creditable service after your date of retirement.

Name of employer	Position title	Grade (PreK–12), if applicable	From mm/dd/yyyy	To mm/dd/yyyy	Employment status (as a % of full-time, e.g., 50%, 100%)	Service credit status (check one)		
						Credited	I plan to purchase	I will not purchase
1					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need more space to list your creditable service, please attach additional sheets, and check this box to indicate that additional sheets are attached. ☐

c) Please enter your **best estimate** of your total number of years of creditable service—and then be sure that you have listed **ALL** of the service that you are including in your estimate, in Section b, above years

PART 1, SECTION 4**CREDITABLE
SERVICE HISTORY**

Continued

d) If you checked "Authorized leave of absence or a sabbatical" in Section a on page 4, please provide the following information. Please note:

- If you had any **involuntary** leaves of absence (for example, as a result of being laid off and placed on a recall list), please do **not** list your involuntary leaves here, as they do not qualify as authorized leaves of absence toward the calculation of your creditable service.
- If you received **Workers' Compensation** during any of your leaves, please do **not** list that information here, but include it in Section e, below.

Name of employer	Position title	From mm/dd/yyyy	To mm/dd/yyyy	Compensation received (check one)		
				No compensation	Partial compensation, and indicate % of full-time compensation paid	
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=" %"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=" %"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value=" %"/>

e) If you received any payments from Workers' Compensation during the period listed in Section a on page 4, for each period, please report the following:

Period of Workers' Compensation		Type of incapacity		Payments received by you from school district, if any, during this period		
From (mm/dd/yyyy)	To (mm/dd/yyyy)	Check one Partial Full		Amount	salary rate in effect	Your annual Payment category (e.g., sick leave)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

f) If you checked "Active military service" in Section a on page 4, please provide the following information.

Type of military service	From mm/dd/yyyy	To mm/dd/yyyy	Service credit status (check one)		
			Credited	I plan to purchase	I will not purchase
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 1, SECTION 5

YOUR FEDERAL
TAX WITHHOLDING
INSTRUCTIONS
TO USSubstitute
Form W-4PWithholding certificate for
pension or annuity payments

Please note:

- **Your MTRS retirement benefit is subject to federal income taxes, and, unless you notify us otherwise, we must begin withholding starting with your first payment.**
Please use this form to instruct us whether you want us to withhold any amount from your monthly MTRS benefit for federal income taxes, and, if so, how much. Note: If you are a Massachusetts resident, your benefit is not subject to **state** income taxes; if you move to another state, however, check with that state's Department of Revenue to find out if your MTRS benefit is taxable in that state.
- **You are liable for payment of federal income tax on the taxable portion of your pension.**
If you elect not to have federal income tax withheld from your monthly benefit or if you do not have a sufficient amount withheld, you may be responsible for payment of estimated taxes. Additionally, if your withholding amount, if any, and/or payments of estimated taxes are not sufficient, you may be subject to tax penalties under the IRS's estimated tax rules.
- **Your tax withholding instructions, if any, will remain in effect until you change them, and you may change your instructions at any time before or during your retirement.**
To change your withholding instructions, simply complete and submit a new Substitute Form W-4P, available on our website at www.mass.gov/mtrs, or call us and we will send you a form.
- **If you do not complete this form, the MTRS must withhold federal income taxes as if you are married and claiming three withholding allowances.**
If the taxable portion of your monthly benefit is more than the withholding level for a married person claiming three allowances, and you do not complete this form, we are required by federal law to withhold at the rate set for a married taxpayer with three allowances.
- **If you need help completing this form, please consult a tax expert or the IRS.**
For more information on tax withholding, and the complete IRS Form W-4P which includes a step-by-step worksheet, please visit the IRS website at www.irs.gov.

Please indicate your federal tax withholding instructions by checking only **ONE** box below:

- ☐ I do **NOT** want any federal income taxes withheld from my monthly benefit.
- ☐ I want federal income taxes withheld from my monthly benefit based on the IRS tax tables and the marital status and number of exemptions claimed below, and I understand that the amount withheld will automatically change if and when the federal tax rates are adjusted (*complete a, b and c*):
- a) Marital status (*check one*) ☐ Single ☐ Married ☐ Married, but withhold at higher "single" rate
- b) Total number of exemptions claimed (*if left blank, zero will be used*)
- c) Additional amount to be withheld, if any
- ☐ I want federal income taxes withheld from my monthly benefit in the flat amount of

Applicant's signature

X

Date

Name . . First M. Last

SSN

PART 1, SECTION 6

DIRECT DEPOSIT
AUTHORIZATION

Pursuant to 807 CMR 18.00, you must receive your monthly retirement allowance payments by direct deposit to your bank account (also known as an electronic funds transfer, or EFT). Please note:

- In some cases, your **first** retirement payment *may* be sent to you in the form of a check mailed to your home. We work with the State Treasury to test your electronic funds transfer before your first direct deposit is made and, depending on when in the month your test is processed, there may be a one-month delay in your receiving your payments via direct deposit.
- Direct deposit statements are **not** mailed to you every month. Once your direct deposit starts, you will receive a statement in the mail detailing your monthly benefit and deductions. After this initial statement, you will receive a statement only: when there is a change in the amount of your deposit from the prior month; when we wish to use the message area in the statement stub to notify all retirees of special news; or at the end of December, when we provide you with a year-end summary of your benefits.
- It is necessary that you always keep your address up to date with us, and that you notify us of any changes at least 30 days in advance. This is especially important as direct deposit statements will **not** be forwarded by the post office.
- Pursuant to International Automated Clearing House Transactions (IAT) Rules, you must let us know (in Section c, below) if you are having the entire amount of your monthly benefit payment deposited directly to a U.S. bank and then forwarded to a bank in another country. Additionally, if at any time in the future, the status of your direct deposit changes (in other words, you either start or stop having your payments forwarded to a bank in another country), you must update your information with us by filing a new Direct Deposit Authorization form.

Your payment may be deposited to one account only. Please provide the following information:

a) Name of financial institution

b) Type of account (check **ONE** only)

☐
CHECKING

You must attach a VOIDed check.



Note: We will obtain your bank ABA routing number and checking account number directly from your VOIDed check. If you select "Checking," do NOT write any numbers under "Savings" at right.

OR

☐
SAVINGS

Bank ABA routing number

(9 digits, usually along the bottom left of deposit slip)

Savings account number (no dashes or spaces)

Your deposit slip may have these numbers, or you can call your bank for the information. Some financial institutions have unique ABA routing and account numbers for electronic payments. To avoid any delay, verify your ABA routing and account numbers with your financial institution before completing this process.

c) **RESPONSE REQUIRED:** Do you intend to have your payments deposited to a U.S. bank and then **forwarded** to a bank in another country? ☐ No ☐ Yes

d) I hereby authorize the electronic funds transfer of my monthly benefit allowance from the State Treasurer to the bank and account designated above. The State Treasurer is also authorized to make any adjustments (debit or credit) as a result of errors in transfer. This authorization shall remain in effect until revoked by me in writing to the MTRS or by the State Treasurer.

Applicant's signature

Date

Name . . First M. Last

SSN

PART 1, SECTION 7**YOUR RETIREMENT
OPTION SELECTION,
STATEMENT AND
SIGNATURE****IMPORTANT NOTE**

If you have ever been **divorced**, and you have a qualified Domestic Relations Order (DRO), and the terms of your DRO specify the retirement option that you must choose, please be sure to complete this section in accordance with your DRO.

☐ Complete Option A month-of-death payment recipient designation (Section 9 on page 10 of this application)

☐ Complete Option B beneficiary designation (Section 10 on page 10 of this application)

☐ Option C beneficiary's birth certificate (**must be submitted, and must be certified; photocopy not accepted**)

☐ Marriage certificate(s) (*photocopy OK*)

Please select your retirement Option and provide the required information. Note:

- Be sure that you have reviewed the information on our website or on page iii of this application regarding the benefits provided by each of the three available retirement options. **Please estimate your benefits using either our online estimator or the worksheet included on page iv of this application before you finalize your option selection.**
- Once your effective date of retirement has passed, you cannot change your retirement option, nor can you change your date of retirement. Because of this fact, it is important that you understand the retirement options that are available to you and that you make an informed decision based on your financial needs and the financial needs of your family.
- Please mark your option choice below. Your retirement application is not complete until the MTRS receives this completed section. If your application is completed within 60 days after your date of termination of service, your retirement can take effect on your termination date. If, however, it is received more than 60 days after your date of termination of service, your benefits will not be retroactive to that date; the earliest date they may begin is 15 days after we received your completed application.
- If you have any questions, please contact our office.

I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, hereby elect to receive my retirement allowance under the option selected below (**check one**):

☐
Option A

Option A provides the maximum benefit allowance amount, and no survivor benefits. All monthly payments cease upon your death and no benefits will be provided for any survivors. If, after your death, any benefits that you earned in the month of your death are due, they will be paid in a lump sum to the month-of-death payment recipient(s) that **you should designate by completing Section 9 on page 10 of this application.**

☐
Option B

Option B provides a benefit allowance that is approximately 1 percent less than the Option A allowance. Upon the member's death, it also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary or beneficiaries; in most cases, the member's annuity account will be depleted 9 to 11 years after his or her date of retirement. You may change your beneficiary designation at any time during your retirement by completing and submitting a new, revised *Beneficiary Form—Retired Member/Option B* to the MTRS. **If you select Option B, you must designate your Option B beneficiary(ies) by completing Section 10 on page 10 of this application.**

☐
Option C

Option C provides a benefit allowance that is generally 9 to 11 percent less than the Option A allowance. Upon the member's death, it also provides a monthly survivor benefit to one named beneficiary that is equal to 2/3 of the retiree's monthly benefit at the time of death. If you are selecting Option C, you **must** designate your Option C beneficiary here:

■ Name of Option C beneficiary. First M. Last .

■ Beneficiary's date of birth . . . mm/dd/yyyy .

SSN

■ Relationship to you ☐ Parent ☐ Sibling ☐ Child ☐ Spouse
☐ Former spouse who has not remarried

You may **not** change your Option C beneficiary designation after your effective date of retirement. In the event that your Option C beneficiary predeceases you, contact the MTRS so that we may adjust your benefit to the higher, Option A "pop-up" amount.

I have selected the option checked above and understand that I cannot change my option selection after my effective date of retirement. Additionally, I understand that if I have not filed my application four months prior to my effective date of retirement, I may not receive my Notice of Estimated Retirement Benefit (NERB) until AFTER my date of retirement, and regardless of when I receive my NERB, I cannot change my option selection after my effective date of retirement.

Applicant's signature



Date



Name (please print)



SSN



PART 1, SECTION 8

SPOUSAL
ACKNOWLEDGMENT

You **MUST** complete Section a, below, and then, if applicable, your spouse must complete section b. If your spouse's whereabouts are unknown, you must complete a notarized affidavit (available upon request from the MTRS's main office), including your spouse's last known address.

a) I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, have elected to receive my retirement allowance under the option selected in the previous section. I hereby certify that (*check all that apply*):

☐

I am now married or expect to be married as of my intended date of retirement as stated in this application. *Please sign and date this section, then give this form to your spouse for completion of section b.*

☐

I have been divorced and it is my understanding that there ☐ is ☐ is not ☐ don't know a Domestic Relations Order on file with the MTRS. *Please sign and date this section, then return your entire application to the MTRS.*

☐

I am NOT currently married and do not expect to be married as of my intended date of retirement as stated in this application. *Please sign and date this section, then return your entire application to the MTRS.*



NOTE :

ALL applicants
must sign and
complete
this section!

I subscribe under the penalties of perjury that the above information is true, complete and correct to the best of my knowledge.

Applicant's signature



Date*

Name (please print)

SSN

b) As the spouse of a member who is retiring from the MTRS, you are entitled to both notification and explanation of the retirement option selected by the member. You must sign Section b before one witness; **the member named in Section a, above, cannot be your witness.** The witness must sign and date the form on the same day that you do; it is not necessary that your witness be a Notary Public.

Before completing this section, please see which retirement option your spouse has chosen in the previous section, and then read the explanations of the available retirement options as provided under "Benefit estimates," above, as well as on pages iii and iv of this application and on our website at mass.gov/mtrs. **Please be sure that you have read and understand the various provisions of the option selected by your spouse, specifically, the benefits to which you may or may not be entitled to upon his or her death. If you have any questions, do not hesitate to contact the MTRS for an explanation.**

If you fail to sign this Spousal acknowledgment, the MTRS will notify you within fifteen (15) days by registered mail of the option selected by your spouse and your right to sign and return the spousal acknowledgment within thirty (30) days. Failure to sign and return the Spousal Acknowledgment to the Massachusetts Teachers' Retirement System within 30 days will result in your spouse's selection becoming effective without your signature.

I, the undersigned, am the spouse of the member named in Section a, above, who has applied for retirement from the Massachusetts Teachers' Retirement System. I hereby certify under the penalties of perjury that:

■ I have read and understand the information on Options A, B and C, and

■ I am aware of the option selected by the applicant and understand the provisions of that option.

Spouse's signature



Date*

Name (please print)

SSN

* This section must be completed and signed **ON OR AFTER** the date that the member completed and signed Part 1, Section 7 (page 8).

If your spouse and/or witness sign this section **before** the date that the member signed Part 1, Section 7, we will return the application to the member to have this page completed and signed again.

WITNESS TO SPOUSE'S SIGNATURE (must be witnessed by someone **other** than the member)

I subscribe under the penalties of perjury that the member's spouse (the person named immediately above) personally appeared before me and signed this form in my presence.

Witness's signature



Date*

Name (please print)

Address

PART 1, SECTION 9 You should complete this section if you have selected **Option A** only.**OPTION A
MONTH-OF-DEATH
PAYMENT
RECIPIENT(S)**

Option A provides no survivor benefits. However, after your death, if any benefits that you earned in the month of your death have not been paid out, they will be paid in a lump sum to your month-of-death payment recipient(s). Please name the designee(s) to receive the lump-sum payment of any benefits that you earn in the month of your death below. *Please see the shaded box at bottom of this page for additional information.*

Type (check one)

SSN or tax ID

% of payment

☐ Person
 Date of birth. Name
 Relationship to you. Address %

☐ Trust or organization

☐ Person
 Date of birth. Name
 Relationship to you. Address %

☐ Trust or organization

Total sum of percentages listed for all PRIMARY Option A month-of-death payment recipients must equal 100%

PART 1, SECTION 10 You must complete this section if you have selected **Option B** only.**OPTION B
BENEFICIARY
DESIGNATION**

Option B provides a benefit allowance that is approximately 1 percent less than the Option A allowance. Upon your death, it also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary(ies); in most cases, the member's annuity savings account will be depleted within 9 to 11 years after his or her retirement date. *Please see the shaded box at bottom of this page for additional information.*

Type (check one)

SSN or tax ID

% of benefit

☐ Person
 Date of birth. Name
 Relationship to you. Address %

☐ Trust or organization

☐ Person
 Date of birth. Name
 Relationship to you. Address %

☐ Trust or organization

Total sum of percentages listed for all PRIMARY Option B beneficiaries must equal 100%

Option A and B retirees ONLY: Additional information and optional contingent designee(s)

- You may change your designation at any time during your retirement; simply complete and submit a *Beneficiary Designation Form for Retirees*.
- You may name more than one person or entity. If you do name more than one **primary** designee, however, please be sure to indicate the percentage that each **primary** entity should receive (the total must equal 100%). If you fail to indicate a percentage, we will distribute the amount equally among the **primary** entities. If the total does not equal 100%, the difference will be paid to your estate.
- If you need more space to indicate additional entities, please make a photocopy of this page, complete the appropriate line(s), sign each additional sheet, and, in this box, indicate how many additional sheet(s) are attached.

OPTIONAL—CONTINGENT DESIGNEE(S): If you wish, you may also name contingent designee(s). In the event that the primary designee(s) named above are not alive at the time of your death, any benefit amount due will be paid to your contingent designee(s). If any of your primary designees predecease you, they are replaced by a contingent designee, in the order in which you name them, below (the remaining primary beneficiaries' shares do not increase if one of them predeceases you, nor is that share equally split among the multiple contingent beneficiaries). If there is no contingent beneficiary who is presently living, that share is paid to your estate.

Type (check one)

SSN or tax ID

☐ Person
 Date of birth. Name
 Relationship to you. Address

☐ Trust or organization

Retirement Application, Part 2

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits

PART 2, SECTION 1

SERVICE AND SALARY DATA

Instructions to member:

Please provide your personal data and then forward these five pages to your payroll officer for completion of Sections 2 through 7.

Your payroll officer will then return these five pages to you for forwarding to the MTRS along with Part 1, pages 1 through 10.

NOTE: If you are employed by more than one school district on your intended date of retirement, please make additional copies of these five pages and have them completed by a payroll administrator in each of the districts in which you are employed.

a) Name of member Last

First

MI

b) Social Security number XXX-XX-XXXX

c) MTRS member number

d) Type of retirement (*check one*)

- ☐ Superannuation/Regular
☐ Superannuation/RetirementPlus
☐ Involuntary termination

e) Intended date of retirement . . . mm/dd/yyyy

f) Name of school district

INSTRUCTIONS TO PAYROLL OFFICER: Please follow these steps:

- **Complete** Sections 2 through 7, below, and **make a copy of these five pages for your records.**
- If, at some later date, there is a change in the salaries reported in Section 5—either because of a retroactive contract settlement or error—please **mark the corrections** directly on a copy of this sheet, initial and date any changes and send the copy to the MTRS. If the changes resulted from a contract settlement, please forward a copy of the relevant contract language along with the corrected pages. Likewise, if the change in salaries reported in Section 5 results in a change in the current deductions listed in Section 4, please indicate, initial and date that change too.
- **Return** these five pages (Sections 1 through 7) to the member. It is then the member's responsibility to submit his or her entire *Retirement Application* to the MTRS three to four months prior to his or her effective date of retirement.

Your assistance in expediting the completion of these pages will be most appreciated!

PART 2, SECTION 2

SERVICE VERIFICATION

Please report this member's entire service history with your school department (in other words, not just for the last three years). Please indicate whether service was rendered on a full-time or part-time basis; if service was rendered on a part-time basis, please also indicate it as a percentage of full-time. If necessary, please attach additional sheets to report this service.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Full-time	OR	Part-time, and indicate % of full-time
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %

During any period of service above, was the ☐ No

member a kindergarten or prekindergarten teacher? ☐ Yes; from

/ / to / /

For the service reported above, please report any authorized **leaves of absence** when no compensation or partial compensation was received. NOTE: Please do **not** list here: any **involuntary** leaves of absence (e.g., as a result of the member being laid off and placed on a recall list) as they do not qualify as authorized leaves of absence; or, any periods during which Workers' Compensation was received (please list that information in Part 2, Section 6).

From (mm/dd/yyyy)	To (mm/dd/yyyy)	No compensation	OR	Partial compensation, and indicate % of full-compensation
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %

PART 2, SECTION 3

FIVE-YEAR
SALARY HISTORY

Significance of salary history: The member's retirement benefit calculation is based, in part, on either the average of the member's highest three consecutive years' salaries, or the average of his or her last three years' salaries, whichever is greater.

Accordingly, please indicate the **contract year** and **contract type** for each of the following **four**—or, if the contract type was "Individual contract," **five**—years:

- **Lines i, ii and iii:** the three consecutive years when this member's salary was the highest;
- **Line iv:** the year right before that three-year period; and,
- **Line v, if this member had an individual contract:** the year before the year in Line iv.

	Contract year		Contract type	
	From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Check one Individual contract (superintendents, principals, others)
i)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
ii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
iii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
iv)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
v)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7

PART 2, SECTION 4

CURRENT
DEDUCTIONS,
LAST CHECK DATE,
AND
CONTRACT
STATUS

- a) Please report this member's current monthly earnings and actual and/or projected future deductions **for the SIX months prior to the applicant's date of separation from service with your district.** Additionally, in the last column, please indicate the month of the member's last payroll deduction.

Date (mm/yyyy)	Earnings	Total MTRS deduction amount	Final deduction (check only one box)
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>

- b) Please enter the date of the member's last paycheck mm/dd/yyyy

[Note to payroll official: To avoid receiving an error message in MyTRS when submitting your payroll deduction report for the month of this member's retirement, please enter this member's "termination event" in MyTRS now, while you have the information at hand.]

- c) Has your school district settled its contract for the current year? ☐ Yes ☐ No
If no, **please send us a copy of the new contract as soon as it is settled** along with a list of all of your teachers who retired before the settlement and who will need an adjustment.

PART 2, SECTION 5

SALARY
VERIFICATION

Please provide this member's salary data as requested below. Please note:

- Please report the member's service and salary data for the **four**—or, if the member was covered by an individual contract, **five**—years that you listed in Part 2, Section 3, above.
- If the member's last year of earnings was not a complete school year, please list that partial year and the four (or five) full school years prior to it. If there are two contract rates in effect during one school year, please do not average the amounts; instead, use two lines—one for each contract period—and complete columns B through G for each period.
- If column B does not equal column C, but the member worked the entire contract year, please attach additional sheet(s) to explain why (for example, because of disciplinary reasons).
- If column G does not equal columns D plus E, please attach additional sheet(s) to explain why (for example, because of a legal issue, Workers' Compensation payments, salary lost due to misconduct or any additional agreements).

A Period each salary rate was in effect during the three years of highest salaries <i>Use a separate line for each salary rate</i> From (mm/dd/yyyy) To (mm/dd/yyyy)	B Number of days paid during period	C Number of days in contract year	D Annual contract rate for each period	E Additional salary earned for coaching, extracurricular activities or longevity; or, for grandfathered annuities or fringe benefits	F Amounts paid for unused sick leave, unused vacation pay, retirement incentives, bonuses, severance payments or nongrandfathered fringe benefits*	G Actual salary paid (Do not include amounts listed in column F)
/ /	/ /			\$	\$	\$
/ /	/ /			\$	\$	\$
/ /	/ /			\$	\$	\$
/ /	/ /			\$	\$	\$
/ /	/ /			\$	\$	\$
/ /	/ /			\$	\$	\$
/ /	/ /			\$	\$	\$
/ /	/ /			\$	\$	\$
/ /	/ /			\$	\$	\$
/ /	/ /			\$	\$	\$

* **NOTE:** By law, retirement deductions should not be withheld for any monies listed in column F. If any deductions were taken in error on any amounts included in column F, please explain below. For details on grandfathered payments for annuities or fringe benefits, please go to www.mass.gov/mtrs/active-and-inactive-members/other-issues/chapter-21-of-the-acts-of-2009.html.

PART 2, SECTION 5

SALARY
VERIFICATION

Continued

Please provide a breakdown, by school year, of additional salary earned for coaching, extracurricular activities or longevity, or grandfathered payments for annuities or fringe benefits,* or any other amounts listed in column E, above. If you need additional lines to report this compensation, please attach additional sheets.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Identify type of earning (if extracurricular activity, indicate specific title)	Amount paid
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$

* For details on grandfathered payments for annuities or fringe benefits, please go to www.mass.gov/mtrs/active-and-inactive-members/other-issues/chapter-21-of-the-acts-of-2009.html.

Were the additional earnings listed directly above paid under the terms of an annual contract? ☐ No ☐ Yes (please attach the applicable sections of the contract)

PART 2, SECTION 6

WORKERS'
COMPENSATION

During the member's service with your district (as listed in Section 2), did he or she receive any payments from Workers' Compensation? ☐ No ☐ Yes

If "yes," for each period, please attach explanatory documentation and report the following:

Period of Workers' Compensation From (mm/dd/yyyy)	To (mm/dd/yyyy)	Type of incapacity Check one Partial Full	Payments from school district to member, if any, during this period Amount	salary rate in effect	Member's annual Payment category (e.g., sick leave)
/ /	/ /	<input type="checkbox"/> <input type="checkbox"/>	\$	\$	
/ /	/ /	<input type="checkbox"/> <input type="checkbox"/>	\$	\$	

PART 2, SECTION 7

STATEMENT AND
SIGNATURE OF
SCHOOL
DEPARTMENT
OFFICIAL(S)

IMPORTANT NOTES

ALL signatures must be original, in-person by-hand signatures—not stamps.

If the applicant was employed under the terms of an individual contract, this statement **MUST** also be signed by the superintendent of the school district. If the applicant is the superintendent, then this statement **MUST** instead be signed by the chairperson of the school committee.

Please return these five pages, along with copies of all applicable contracts and documents, to the applicant, for submittal to the MTRS.

Thank you for your assistance to us and our members!

a) If, as indicated in Part 2, Section 3, the member was covered by **an individual contract...**

■ What was the earliest date that your school district's superintendent, School Committee or anyone in your administrative offices, had knowledge—formally or informally—of the member's intent to resign and/or retire? *mm/yyyy*

■ Were any of the individual contracts covering the member's employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)? . . .

☐ Yes

☐ No

■ In addition to the contracts, are there any documents (formal or informal) pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire?

☐ Yes

☐ No

If yes, please list all documents here AND attach a copy of each:

■ During any School Committee meetings (including open and executive sessions), did any discussions or votes take place pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire? .

☐ Yes

☐ No

If yes, you must provide copies of ALL minutes of these meetings.

b) To your knowledge, has the applicant ever been convicted of a criminal offense related to the member's office or position?

☐ Yes

☐ No

If yes, please attach additional sheet(s) to describe the offense

☐ Don't know

c) Is the member's separation from service related in any way to a criminal action? .

☐ Yes

☐ No

Required for ALL applicants: SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL

I hereby certify, UNDER THE PENALTIES OF PERJURY, that:

■ the salary reported herein at page 3, column G, *Actual salary paid*, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments, or nongrandfathered fringe benefits; and,

■ the above information is true, complete and correct.

I have made a copy of these pages (Part 2, Sections 1–7) for future reference and clarification, if needed.

✕

Date

/ /

Name (please print)

Phone

Title

Fax

E-mail

ALSO required if the applicant is employed under the terms of an individual contract:

SIGNATURE OF SUPERINTENDENT OR SCHOOL COMMITTEE CHAIRPERSON

I have reviewed this information and hereby certify, UNDER THE PENALTIES OF PERJURY, that:

■ the salary reported herein at page 3, column G, *Actual salary paid*, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments, or nongrandfathered fringe benefits; and,

■ the above information is true, complete and correct.

✕

Date

/ /

Name (please print)

Phone

Title